

Submit form and fee to: Experior 1260 Energy Lane St. Paul, MN. 55108 ATTN: MA SOCIAL WORKER (508) 624-0826 FAX: (508) 624-5596	SOCIAL WORKERS REGISTRATION FORM for the COMMONWEALTH OF MASSACHUSETTS	See Other Side For Instructions
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1. - - / / - -

Social Security Number Date of Birth Telephone Number (during the day)

Last Name First Name Middle Name

Mailing Address Maiden Name

City State Zip Code

School Graduated Year Grad. State Degree Type

☐ Requesting special accommodations (see instruction (1) on reverse side)

2. Is this your first request for licensure in Massachusetts of the exam for which you are applying? <input type="checkbox"/> Yes (new candidate) <input type="checkbox"/> Reciprocity	3. Mark the appropriate block for what license you are applying for. <input type="checkbox"/> LICSW <input type="checkbox"/> LCSW <input type="checkbox"/> LSW <input type="checkbox"/> LSWA
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4. Make your certified check or money order payable in U.S. currency to “Experior” for the appropriate amount.

Type of License	New Candidate (Application Fee/ License Fee**)	Reciprocity
<input type="checkbox"/> LICSW	\$142.00/ \$68.00	\$288.00
<input type="checkbox"/> LCSW	\$142.00/ \$57.00	\$255.00
<input type="checkbox"/> LSW	\$142.00/ \$45.00	\$220.00
<input type="checkbox"/> LSWA	\$142.00/ \$35.00	\$188.00

*FEES ARE SUBJECT TO CHANGE

*INITIAL LICENSE FEE BY EXPERIOR AFTER EXAMINATION

**MASSACHUSETTS SOCIAL WORKERS APPLICATION
REGISTRATION FORM INSTRUCTIONS**

READ ALL INSTRUCTIONS CAREFULLY PRIOR TO SUBMITTING THE APPLICATION

Experior is a professional application processing service under contract with the Massachusetts Division of Registration. All candidates will be required to complete the registration form (on the reverse side) and submit this form and fee to Experior. It will be the candidate's responsibility to insure that all necessary application documents have been correctly completed and submitted along with this form.

➡ALL FORMS MUST BE COMPLETED AND SENT TO EXPERIOR

Fill in the requested information completely and legibly.

1. If you are requesting special accommodations due to a disability, you must attach official documents to this form. **Requests must be received with the application.**
2. Reminder – All forms **MUST** be complete and submitted to Experior. Do not send forms to the Board of Registration. Incomplete applications will be returned.
3. The Processing Fee is listed on this form. Applications received without the fee attached will be returned.
4. Submit the Registration Form, completed Application and Fee to:

**Experior
1260 Energy Lane
St. Paul, MN. 55108
ATTN: MA SOCIAL WORKER**

If you have any questions about the Registration form, Application, fee, or what gets submitted to whom and when, please contact Experior at 1-800-813-6671 between 9:00 a.m. and 5:00 p.m. Eastern Standard Time.

5. **SCHEDULING:** You may not take the National Examination administered by ASWB until Experior has processed this application. A letter of approval will be mailed to the applicant after reviewing the completed application. The letter will state what level of examination is authorized along with a Candidate Handbook from ASWB. The handbook will contain information on scheduling for the examination.
6. **REFUND AND CANCELLATION POLICY:** Fees are non-refundable.